

Federal Fiscal Year (FFY) 15/16 Invoice Process



CDPH/WIC DIVISION

Telephone # 1-877-411-9748
Attendee Access Code # 7492591



Agenda

- Old Invoice – FFY 14/15
- New Invoice – FFY 15/16
- How to Avoid a Dispute
- What, Where & When to Submit
- Designees
- Invoice Approval Timeline
- Generating Subsequent Invoices
- Payment Process
- Contacts



FFY 2014 – 2015 Invoice

STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
WIC SUPPLEMENTAL NUTRITION PROGRAM
3901 Lennane Drive, Sacramento, CA 95834

5 line items

Budget Entered Number here Sum of 'Other WIC Services' Amounts Requested

Contractor's Name: **Sample Local Agency**
Contractor's Address: 3901 Lennane Drive
Sacramento, CA 95834

Date Invoice Generated by State:
September 15, 2015

ate: umber:
Contract Number:
Vendor Number:
Billing Period:

Local Agency Use Only:

#12
14-12345
0000001234-00

Budget Line Items	Maximum Payable Amount	Year to Date Previously Invoiced	Amount Requested Non-Restricted	Amounts Requested Restricted *	Total Amount Requested	Year to Date Invoiced	Remaining Maximum Payable Amount
1. PERSONNEL	\$ 1,849,200						
a) Salaries & Wages	\$ 1,484,200	\$ 1,114,607.75	\$ -	\$ -	\$ -	\$ 1,114,607.75	\$ 369,592.25
b) Fringe Benefits	\$ 365,000	\$ 253,869.93	\$ -	\$ -	\$ -	\$ 253,869.93	\$ 111,130.07
2. OPERATING EXPENSES	\$ 520,048	\$ 356,081.48	\$ -	\$ -	\$ -	\$ 356,081.48	\$ 163,966.52
3. CAPITAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. OTHER COSTS (Subcontractors)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. INDIRECT COSTS (Maximum 13.7897% of Total Personnel Costs, including Salaries, Wages, and Fringe Benefits.)	\$ 255,000	\$ 188,264.03	\$ -	\$ -	\$ -	\$ 188,264.03	\$ 66,735.97
TOTALS	\$ 2,624,248	\$ 1,912,823.19	\$ -	\$ -	\$ -	\$ 1,912,823.19	\$ 711,424.81

*Less: Withhold - Recovery

Release of Withhold

Amount to be Paid \$ -

Reason for Withhold/Recovery:

I certify this claim contains actual expenditures for allowable WIC Program costs performed in accordance with the provisions. Sign in BLUE INK only.

3 Signatures

Preparer's Signature Preparer's Telephone

Primary WIC Program Contact RD's Signature Date

Agency Director's Signature (or designee) Date

Print Preparer's Name Preparer's Email

Print Primary WIC Program Contact RD's Name

Print Agency Director's Name

FOR STATE USE ONLY
APPROVED FOR PAYMENT

14-53303-5510-741-01-10557L-14 Local Assistance
Billing Code

14-53300-5510-741-01-10572L-14 Farmers' Market
Billing Code

14-53313-5510-741-01-10556L-13 Peer Counseling
Billing Code

Date Amount

Date Amount

Date Amount

XX-XXXX-XXXX-XX-XXXXXX-XX

XX-XXXX-XXXX-XX-XXXXXX-XX

14-53313-5510-741-01-10556L-14 Peer Counseling

Billing Code

Billing Code

Billing Code

Date Amount

Date Amount

Date Amount

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

FFY 2014 – 2015 Invoice

...Continued

Linked to 'Amounts Requested Restricted' on 1st page of Invoice

OTHER WIC SERVICES: Anemia Screening (53303)					
Budget Line Items	Maximum Payable Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Maximum Payable Amount
1. PERSONNEL					
a) Salaries & Wages		\$ -	\$ -	\$ -	
b) Fringe Benefits		\$ -	\$ -	\$ -	
2. OPERATING EXPENSES		\$ -	\$ -	\$ -	
3. CAPITAL EXPENDITURES		\$ -	\$ -	\$ -	
4. OTHER COSTS (Subcontractors)		\$ -	\$ -	\$ -	
5. INDIRECT COSTS <small>(Maximum 13.7897% of Total Personnel Costs, including Salaries, Wages, and Fringe Benefits.)</small>		\$ -	\$ -	\$ -	
TOTALS	\$ 10,150.00	\$ -	\$ -	\$ -	\$ 10,150.00

OTHER WIC SERVICES: Breastfeeding Peer Counseling Program (53313)					
Budget Line Items	Maximum Payable Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Maximum Payable Amount
1. PERSONNEL	\$ 136,203.87				\$ 72,691.07
a) Salaries & Wages	\$ 109,200.00	\$ 82,852.35	\$ -	\$ 82,852.35	\$ 89,860.45
b) Fringe Benefits	\$ 27,003.87	\$ 19,339.55	\$ -	\$ 19,339.55	\$ 27,003.87
2. OPERATING EXPENSES	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
3. CAPITAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -
4. OTHER COSTS (Subcontractors)	\$ -	\$ -	\$ -	\$ -	\$ -
5. INDIRECT COSTS <small>(Maximum 13.7897% of Total Personnel Costs, including Salaries, Wages, and Fringe Benefits.)</small>	\$ 16,796.13	\$ 14,091.91	\$ -	\$ 14,091.91	\$ 2,704.22
TOTALS	\$ 155,000.00	\$ 116,283.81	\$ -	\$ 116,283.81	\$ 38,716.19

FFY 2014 – 2015 Invoice

...Continued

Line Items, as illustrated in the FFY
14/15 Contract

Line Items, as illustrated on FFY 14/15
Invoice

Budget

1. **Personnel***

Salaries & Wages -

Fringe Benefits -

2. **Operating Expenses**

3. **Capital Expenditures**

4. **Other Costs** (Subcontracts Only)

5. **Indirect Costs** (% of Total Direct Costs)



Yielded

Budget Line Items

1. **PERSONNEL**

a) Salaries & Wages

b) Fringe Benefits

2. **OPERATING EXPENSES**

3. **CAPITAL EXPENDITURES**

4. **OTHER COSTS**

(Subcontractors)

5. **INDIRECT COSTS**

(Maximum 13.7897% of Total Personnel Costs, including Salaries, Wages, and Fringe Benefits.)

NEW INVOICE FOR FEDERAL FISCAL YEAR 2015 – 2016

(October 1st, 2015 to September 30th, 2016)

Personnel
Total Salaries and Wages
Fringe Benefits
Personnel
Operating Expenses
Minor Equipment
General Office Expenses
Training
Travel
Professional Certifications
Outreach
Media/Promotion
Program Materials
Vehicle Maintenance
Audit
Facility Costs (See Exhibit B Attachment III for breakdown)
Operating Expenses
Major Equipment
Telephone System
Information Technology Equipment
Vehicle (s)
Photocopy Equipment
Major Equipment
Subcontracts
Subcontracts
Indirect Costs
Indirect Costs
TOTAL COSTS

Line Items, as illustrated on FFY 15/16
Invoice



Yielded

Line Items, as illustrated in the FFY
15/16 Contract

Budget Line Items
PERSONNEL
Total Salaries & Wages
Fringe Benefits
OPERATING EXPENSES
Minor Equipment
General Office Expenses
Training
Travel
Professional Certifications
Outreach
Media/Promotion
Program Materials
Vehicle Maintenance
Audit
Facility Costs
MAJOR EQUIPMENT
Telephone System
Information Technology Equipment
Vehicle(s)
Photocopy Equipment
SUBCONTRACTS
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)

Page 1

WIC PROGRAM INVOICE Budget Period 10/01/15 - 09/30/16

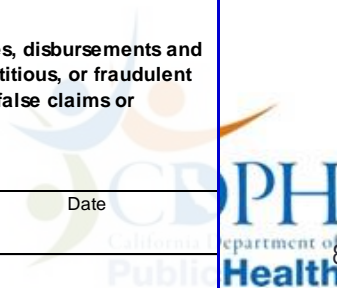
Contractor's Name: **Sample Local Agency**
 Contractor's Address: 1234 Lennane Drive
 Sacramento, CA 95834

Invoice Date:
 Invoice Number: **#01**
 Contract Number: **15-12345**
 Vendor Number: **0000001234-01**
 Billing Period:

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 13,401,623				\$ 13,401,623.00
Total Salaries & Wages	\$ 12,657,518	\$ -	\$ -	\$ -	\$ 12,657,518.00
Fringe Benefits	\$ 744,105	\$ -	\$ -	\$ -	\$ 744,105.00
OPERATING EXPENSES	\$ 974,484	\$ -	\$ -	\$ -	\$ 974,484.00
Minor Equipment	\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000.00
General Office Expenses	\$ 268,535	\$ -	\$ -	\$ -	\$ 268,535.00
Training	\$ 21,923	\$ -	\$ -	\$ -	\$ 21,923.00
Travel	\$ 34,039	\$ -	\$ -	\$ -	\$ 34,039.00
Professional Certifications	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach	\$ 4,100	\$ -	\$ -	\$ -	\$ 4,100.00
Media/Promotion	\$ 400	\$ -	\$ -	\$ -	\$ 400.00
Program Materials	\$ 22,419	\$ -	\$ -	\$ -	\$ 22,419.00
Vehicle Maintenance	\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000.00
Audit	\$ 2,200	\$ -	\$ -	\$ -	\$ 2,200.00
Facility Costs	\$ 598,868	\$ -	\$ -	\$ -	\$ 598,868.00
MAJOR EQUIPMENT	\$ 51,350	\$ -	\$ -	\$ -	\$ 51,350.00
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ 31,350	\$ -	\$ -	\$ -	\$ 31,350.00
Photocopy Equipment	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000.00
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 469,423	\$ -	\$ -	\$ -	\$ 469,423.00
TOTALS	\$ 14,896,880	\$ -	\$ -	\$ -	\$ 14,896,880.00
		Amount to be Paid	\$ -		

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Sign in BLUE INK only.

Preparer's Signature	Preparer's Telephone	Agency Director's Signature	Date
Print Preparer's Name	Preparer's Email	Print Agency Director's Name	



FFY 2015 – 2016 Invoice

... Continued – Page 2

FOR STATE USE ONLY - APPROVED FOR PAYMENT					
<u>15-53303-5510-741-01-10557L-15</u> Local Assistance		<u>15-53300-5510-741-01-10572L-15</u> FMNP		<u>15-53313-5510-741-01-10556L-14</u> BFPC	
Billing Code		Billing Code		Billing Code	
\$ -		\$ -		\$ -	
Date	Amount	Date	Amount	Date	Amount
				<u>15-53313-5510-741-01-10556L-15</u> BFPC	
				Billing Code	
Contract Manager Signature		Date	LOS Chief Signature	Date	Amount



FOR STATE USE ONLY

FFY 2015 – 2016 Invoice

... Continued – Page 3 and beyond

WIC SERVICES: NSA (includes LVL - Unrestricted)					
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL					
Total Salaries & Wages		\$ -	\$ -	\$ -	\$ -
Fringe Benefits		\$ -	\$ -	\$ -	\$ -
OPERATING EXPENSES					
Minor Equipment		\$ -	\$ -	\$ -	\$ -
General Office Expenses		\$ -	\$ -	\$ -	\$ -
Training		\$ -	\$ -	\$ -	\$ -
Travel		\$ -	\$ -	\$ -	\$ -
Professional Certifications		\$ -	\$ -	\$ -	\$ -
Outreach		\$ -	\$ -	\$ -	\$ -
Media/Promotion		\$ -	\$ -	\$ -	\$ -
Program Materials		\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance		\$ -	\$ -	\$ -	\$ -
Audit		\$ -	\$ -	\$ -	\$ -
Facility Costs		\$ -	\$ -	\$ -	\$ -
MAJOR EQUIPMENT					
Telephone System		\$ -	\$ -	\$ -	\$ -
Information Technology Equipment		\$ -	\$ -	\$ -	\$ -
Vehicle(s)		\$ -	\$ -	\$ -	\$ -
Photocopy Equipment		\$ -	\$ -	\$ -	\$ -
SUBCONTRACTS		\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)		\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 4,454,631.00	\$ -	\$ -	\$ -	\$ -

FFY 2015 – 2016 Invoice

Review

- The invoice was built to match the Budget Detail worksheet from the 4-year (FFY 2015 – 2019) subvention contract
- Amount Requested columns for Non-Restricted and Restricted were eliminated from the invoice
- Core NSA costs - unrestricted now have a separate page on the invoice and include Local Vendor Liaison (LVL) costs
- More line items tracked: 11 for Operating Expenses and 4 for Major Equipment
- Only two people need to sign invoices: the Preparer and Agency Director



How To Complete the Invoice

FFY 2015 – 2016



Page 1

WIC PROGRAM INVOICE Budget Period 10/01/15 - 09/30/16

Contractor's Name:
Contractor's Address:Sample Local Agency
1234 Lennane Drive
Sacramento, CA 95834

Required to fill in

Invoice Date:

Invoice Number: #01

Contract Number: 15-12345

Vendor Number: 0000001234-01

Billing Period:

Prefilled In. Verify Info. is correct

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 13,401,623				\$ 13,401,623.00
Total Salaries & Wages	\$ 12,657,518	\$ -	\$ -	\$ -	\$ 12,657,518.00
Fringe Benefits	\$ 744,105	\$ -	\$ -	\$ -	\$ 744,105.00
OPERATING EXPENSES	\$ 974,484	\$ -	\$ -	\$ -	\$ 974,484.00
Minor Equipment	\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000.00
General Office Expenses	\$ 268,535	\$ -	\$ -	\$ -	\$ 268,535.00
Training	\$ 21,923	\$ -	\$ -	\$ -	\$ 21,923.00
Travel	\$ 34,039	\$ -	\$ -	\$ -	\$ 34,039.00
Professional Certifications	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach	\$ 4,100	\$ -	\$ -	\$ -	\$ 4,100.00
Media/Promotion	\$ 400	\$ -	\$ -	\$ -	\$ 400.00
Program Materials	\$ 22,419	\$ -	\$ -	\$ -	\$ 22,419.00
Vehicle Maintenance	\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000.00
Audit	\$ 2,200	\$ -	\$ -	\$ -	\$ 2,200.00
Facility Costs	\$ 598,868	\$ -	\$ -	\$ -	\$ 598,868.00
MAJOR EQUIPMENT	\$ 51,350	\$ -	\$ -	\$ -	\$ 51,350.00
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ 31,350	\$ -	\$ -	\$ -	\$ 31,350.00
Photocopy Equipment	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000.00
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 469,423	\$ -	\$ -	\$ -	\$ 469,423.00
TOTALS	\$ 14,896,880	\$ -	\$ -	\$ -	\$ 14,896,880.00
Amount to be Paid		\$ -			

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Sign in BLUE INK only.

Preparer's Signature	Preparer's Telephone	Agency Director's Signature	Date
Print Preparer's Name	Preparer's Email	Print Agency Director's Name	

How To Complete the Invoice

...Continued

WIC SERVICES: NSA (includes LVL - Unrestricted)					
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL					
Total Salaries & Wages		\$ -	\$ -	\$ -	\$ -
Fringe Benefits		\$ -	\$ -	\$ -	\$ -
OPERATING EXPENSES					
Minor Equipment		\$ -	\$ -	\$ -	\$ -
General Office Expenses		\$ -	\$ -	\$ -	\$ -
Training		\$ -	\$ -	\$ -	\$ -
Travel		\$ -	\$ -	\$ -	\$ -
Professional Certifications		\$ -	\$ -	\$ -	\$ -
Outreach		\$ -	\$ -	\$ -	\$ -
Media/Promotion		\$ -	\$ -	\$ -	\$ -
Program Materials		\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance		\$ -	\$ -	\$ -	\$ -
Audit		\$ -	\$ -	\$ -	\$ -
Facility Costs		\$ -	\$ -	\$ -	\$ -
MAJOR EQUIPMENT					
Telephone System		\$ -	\$ -	\$ -	\$ -
Information Technology Equipment		\$ -	\$ -	\$ -	\$ -
Vehicle(s)		\$ -	\$ -	\$ -	\$ -
Photocopy Equipment		\$ -	\$ -	\$ -	\$ -
SUBCONTRACTS		\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)		\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 4,454,631.00	\$ -	\$ -	\$ -	\$ -

Only enter numbers
in the "Amount
Requested" cells in
white

Unlocked

How To Complete the Invoice

...Continued

WIC SERVICES: NSA (includes LVL - Unrestricted)					
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL					
Total Salaries & Wages		\$ -	\$ 97,615.86	\$ 97,615.86	
Fringe Benefits		\$ -	\$ 16,812.89	\$ 16,812.89	
OPERATING EXPENSES					
Minor Equipment		\$ -	\$ -	\$ -	
General Office Expenses		\$ -	\$ -	\$ -	
Training		\$ -	\$ -	\$ -	
Travel		\$ -	\$ -	\$ -	
Professional Certifications		\$ -	\$ -	\$ -	
Outreach		\$ -	\$ -	\$ -	
Media/Promotion		\$ -	\$ -	\$ -	
Program Materials		\$ -	\$ -	\$ -	
Vehicle Maintenance		\$ -	\$ -	\$ -	
Audit		\$ -	\$ -	\$ -	
Facility Costs		\$ -	\$ -	\$ -	
MAJOR EQUIPMENT					
Telephone System		\$ -	\$ -	\$ -	
Information Technology Equipment		\$ -	\$ -	\$ -	
Vehicle(s)		\$ -	\$ 514.00	\$ 514.00	
Photocopy Equipment		\$ -	\$ 1,000.00	\$ 1,000.00	
SUBCONTRACTS		\$ -	\$ -	\$ -	
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)		\$ -	\$ 15,791.16	\$ 15,791.16	
TOTALS	\$ 4,454,631.00	\$ -	\$ 131,733.91	\$ 131,733.91	\$ 4,322,897.09

How To Complete the Invoice

...Continued

OTHER WIC SERVICES: Breastfeeding Peer Counseling Program [BFPC] (53313) - Optional					
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 142,201.00				
Salaries & Wages	\$ 97,326.00	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ 44,875.00	\$ -	\$ -	\$ -	\$ -
OPERATING EXPENSES	\$ 2,651.00				
Minor Equipment	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -
General Office Expenses	\$ 651.00	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Certifications	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach	\$ -	\$ -	\$ -	\$ -	\$ -
Media/Promotion	\$ -	\$ -	\$ -	\$ -	\$ -
Program Materials	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Audit	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ -	\$ -	\$ -	\$ -	\$ -
MAJOR EQUIPMENT	\$ -				
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ -	\$ -	\$ -	\$ -	\$ -
Photocopy Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 18,201.00	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 163,053.00	\$ -	\$ -	\$ -	\$ -

How To Complete the Invoice

...Continued

OTHER WIC SERVICES: Breastfeeding Peer Counseling Program [BFPC] (53313) - Optional					
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 142,201.00				
Salaries & Wages	\$ 97,326.00	\$ -	\$ 1,000.00	\$ 1,000.00	\$ 96,326.00
Fringe Benefits	\$ 44,875.00	\$ -	\$ 2,513.00	\$ 2,513.00	\$ 42,362.00
OPERATING EXPENSES	\$ 2,651.00				
Minor Equipment	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
General Office Expenses	\$ 651.00	\$ -	\$ 200.00	\$ 200.00	\$ 451.00
Training	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Certifications	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach	\$ -	\$ -	\$ -	\$ -	\$ -
Media/Promotion	\$ -	\$ -	\$ -	\$ -	\$ -
Program Materials	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Audit	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ -	\$ -	\$ -	\$ -	\$ -
MAJOR EQUIPMENT	\$ -				
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ -	\$ -	\$ -	\$ -	\$ -
Photocopy Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
SUBCONTRACTS	\$ -				
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 18,201.00	\$ -	\$ -	\$ -	\$ 18,201.00
TOTALS	\$ 163,053.00	\$ -	\$ 3,713.00	\$ 3,713.00	\$ 159,340.00

WIC PROGRAM INVOICE
Budget Period 10/01/15 - 09/30/16

Contractor's Name: Sample Local Agency
Contractor's Address: 1234 Lennane Drive
 Sacramento, CA 95834

Invoice Date: October 15, 2015
Invoice Number: #01
Contract Number: 15-12345
Vendor Number: 0000001234-01
Billing Period: 10/1 - 10/15/15

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 13,401,623				\$ 13,283,681.25
Total Salaries & Wages	\$ 12,657,518	\$ -	\$ 98,615.86	98,615.86	\$ 12,558,902.14
Fringe Benefits	\$ 744,105	\$ -	\$ 19,325.89	19,325.89	\$ 724,779.11
OPERATING EXPENSES	\$ 974,484	\$ -	\$ 200.00	200.00	\$ 974,284.00
Minor Equipment	\$ 12,000	\$ -	\$ -	-	\$ 12,000.00
General Office Expenses	\$ 268,535	\$ -	\$ 200.00	200.00	\$ 268,335.00
Training	\$ 21,923	\$ -	\$ -	-	\$ 21,923.00
Travel	\$ 34,039	\$ -	\$ -	-	\$ 34,039.00
Professional Certifications	\$ -	\$ -	\$ -	-	\$ -
Outreach	\$ 4,100	\$ -	\$ -	-	\$ 4,100.00
Media/Promotion	\$ 400	\$ -	\$ -	-	\$ 400.00
Program Materials	\$ 22,419	\$ -	\$ -	-	\$ 22,419.00
Vehicle Maintenance	\$ 10,000	\$ -	\$ -	-	\$ 10,000.00
Audit	\$ 2,200	\$ -	\$ -	-	\$ 2,200.00
Facility Costs	\$ 598,868	\$ -	\$ -	-	\$ 598,868.00
MAJOR EQUIPMENT	\$ 51,350	\$ -	\$ 1,514.00	1,514.00	\$ 49,836.00
Telephone System	\$ -	\$ -	\$ -	-	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	-	\$ -
Vehicle(s)	\$ 31,350	\$ -	\$ 514.00	514.00	\$ 30,836.00
Photocopy Equipment	\$ 20,000	\$ -	\$ 1,000.00	1,000.00	\$ 19,000.00
SUBCONTRACTS	\$ -	\$ -	\$ -	-	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 469,423	\$ -	\$ 15,791.16	15,791.16	\$ 453,631.84
TOTALS	\$ 14,896,880	\$ -	\$ 135,446.91	135,446.91	\$ 14,761,433.09
Amount to be Paid			\$ 135,446.91		

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Sign in BLUE INK only.

Preparer's Signature	Preparer's Telephone	Agency Director's Signature	Date
Print Preparer's Name	Preparer's Email	Print Agency Director's Name	

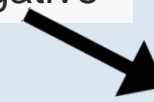
WIC PROGRAM INVOICE
Budget Period 10/01/15 - 09/30/16

Contractor's Name: Sample Local Agency
Contractor's Address: 1234 Lennane Drive
 Sacramento, CA 95834

Invoice Date: October 15, 2015
Invoice Number: #01
Contract Number: 15-12345
Vendor Number: 0000001234-01
Billing Period: 10/1 - 10/15/15

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 13,401,623				\$ 13,283,681.25
Total Salaries & Wages	\$ 12,657,518	\$ -	\$ 98,615.86	\$ 98,615.86	\$ 12,558,902.14
Fringe Benefits	\$ 744,105	\$ -	\$ 19,325.89	\$ 19,325.89	\$ 724,779.11
OPERATING EXPENSES	\$ 974,484	\$ -	\$ 200.00	\$ 200.00	\$ 974,284.00
Minor Equipment	\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000.00
General Office Expenses	\$ 268,535	\$ -	\$ 200.00	\$ 200.00	\$ 268,335.00
Training	\$ 21,923	\$ -	\$ -	\$ -	\$ 21,923.00
Travel	\$ 34,039	\$ -	\$ -	\$ -	\$ 34,039.00
Professional Certifications	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach	\$ 4,100	\$ -	\$ -	\$ -	\$ 4,100.00
Media/Promotion	\$ 400	\$ -	\$ -	\$ -	\$ 400.00
Program Materials	\$ 22,419	\$ -	\$ -	\$ -	\$ 22,419.00
Vehicle Maintenance	\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000.00
Audit	\$ 2,200	\$ -	\$ -	\$ -	\$ 2,200.00
Facility Costs	\$ 598,868	\$ -	\$ -	\$ -	\$ 598,868.00
MAJOR EQUIPMENT	\$ 51,350	\$ -	\$ 1,514.00	\$ 1,514.00	\$ 49,836.00
Telephone System	\$ -	\$ -	\$ -	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle(s)	\$ 31,350	\$ -	\$ 514.00	\$ 514.00	\$ 30,836.00
Photocopy Equipment	\$ 20,000	\$ -	\$ 1,000.00	\$ 1,000.00	\$ 19,000.00
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 469,423	\$ -	\$ 15,791.16	\$ 15,791.16	\$ 453,631.84
TOTALS	\$ 14,896,880	\$ -	\$ 135,446.91	\$ 135,446.91	\$ 14,761,433.09
		Amount to be Paid	\$ 135,446.91		

Make sure none of
these are negative



Print name, sign
and date

* By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and payments are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 48, Section 1001 and Title 31, Sections 3720-3730 and 3801-3812). Sign in BLUE INK only.

Preparer's Signature	Preparer's Telephone	Agency Director's Signature	Date
Print Preparer's Name	Preparer's Email	Print Agency Director's Name	

NSA Operating Worksheet

- The only change to the NSA Operating Worksheet and Master Summary are the categories.
- There are 11 line items that will be tracked.
- **Mail the NSA Operating Worksheet and Master Summary with the invoice.**

NSA Operating Worksheet

...Continued

Local Agency Name: Sample Local Agency					Contract Number: 15-10296	
DIRECT OPERATING			Non NSA Grants			
	Amount Invoiced		Breastfeeding Peer Counseling (PCA53313)	Farmers' Market Nutrition Program (PCA53300)		Total NSA Direct Operating Invoiced
	Operating Expenses	\$ -	\$ -	\$ -	=	\$ -
	Major Equipment	\$ -	\$ -	\$ -	=	\$ -
	Subcontracts	\$ -	\$ -	\$ -	=	\$ -
TOTAL		\$ -	\$ -	\$ -	=	\$ -

Total Operating Expenses		Direct Operating Expenses by Function Category					
	\$	11 budget line items tracked					Checks/Balance (should be zero)
Operating Expenses				feeding & Support	Client Services	General Administration	
Minor Equipment				-	\$ -	\$ -	\$0.00
General Office Expenses			\$ -	\$ -	\$ -	\$ -	\$0.00
Training			\$ -	\$ -	\$ -	\$ -	\$0.00
Travel			\$ -	\$ -	\$ -	\$ -	\$0.00
Professional Certifications			\$ -	\$ -	\$ -	\$ -	\$0.00
Outreach			\$ -	\$ -	\$ -	\$ -	\$0.00
Media/Promotion			\$ -	\$ -	\$ -	\$ -	\$0.00
Program Materials			\$ -	\$ -	\$ -	\$ -	\$0.00
Vehicle Maintenance			\$ -	\$ -	\$ -	\$ -	\$0.00
Audit			\$ -	\$ -	\$ -	\$ -	\$0.00
Facility Costs			\$ -	\$ -	\$ -	\$ -	\$0.00
Total Operating Expenses	\$ -		\$ -	\$ -	\$ -	\$ -	\$0.00
	\$		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Major Equipment	\$ -		\$ -	\$ -	\$ -	\$ -	\$0.00
	\$		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Subcontracts	\$ -		\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ -		\$ -	\$ -	\$ -	\$ -	\$0.00

Questions



***6 to Unmute**

How to Avoid a Dispute

Confirm:

- Address on Invoice matches what WIC has on file
- Original signatures are in **blue ink** & that individuals who signed are on file at WIC
- Indirect amounts requested are not more than the allowable percentage
- Amounts Requested are not more than allocated per line item

How to Avoid a Dispute

...Continued

Confirm:

- NSA Operating Expense Worksheet & Master Summary are mailed w/ Invoice:
 - 'Total Amount Requested' (Operating Expenses) on invoice matches 'Amount Invoiced' amount on NSA worksheet
 - 'Total Amount Requested' (BFPC Operating Expenses) on invoice matches 'Amount Invoiced' amount for BFPC on NSA worksheet

What to Submit

- The (1) invoice must be **mailed** with the (2) NSA Operating Worksheet, for the corresponding billing period, and (3) Master Summary.
 - Failure to do so will result in an immediate dispute of the entire invoice packet.
- Print invoices in color to help facilitate speedy payment of invoices.

What to Submit

...Continued

- After mailing your invoice packet, send an email
 - To: Contract Manager
 - Cc: Supervisor
 - Message: Inform the contract manager that the invoice, NSA Operating Worksheet and Master Summary have been mailed
 - Attach: the **Excel worksheets** for the invoice and NSA Operating worksheet

Where to Submit

Please mail the (1) invoice, signed in **blue ink**, (2) NSA Operating Worksheet and (3) Master Summary to:

Attn: **CONTRACT MANAGER**

CDPH/WIC Division

Local Operations Section

3901 Lennane Drive

Sacramento, CA 95834

When to Submit

- Invoices shall be submitted within forty-five (45) calendar days following the end of each billing period.

Designees

- A completed invoice requires the signature of the Preparer and the Agency Director.
- Designee letters are required to be signed in blue ink by the Agency Director.

Sample Designee Letter

October 01, 2015

Attn: Contract Manager
State WIC Program
Local Operations Section
3901 Lennane Drive
Sacramento, CA 95834

RE: Agency Director Signature Designee

Dear Contract Manager:

Sample County Health and Human Services Agency is requesting that Adam Sample, Director of Fiscal Operations, be added as the Agency Director Designee signatory on the Invoices for Federal Fiscal Year (FFY) 2015 – 2016. If you have any questions, please contact Kat Sample at 916-928-1234 or kat.sample@cdph.ca.gov.

Sincerely,



Kat Sample
Agency Director



Invoice Approval Timeline

The timeline starts on the day the CDPH/WIC Division receives an invoice

- +5 days for the Contract Manager to review and approve or dispute an Invoice
 - +3 days for the Supervisor to review, approve or dispute an Invoice
 - +7 days for our accounting unit to review, approve or dispute an Invoice
- = 15 calendar days to review and approve or dispute an invoice



Invoice Approval Timeline

...Continued

- Once an invoice has been approved by the CDPH/WIC Division for payment, an email will be sent notifying the local agency that they may begin working on the next invoice

Invoice Approval Timeline

...Continued

- If an invoice is disputed, the invoice approval timeline is reset.
- If an invoice is disputed, local agencies must submit a new invoice within 5 calendar days*.

* per the FFY 2016 – 2019 contract

Questions



***6 to Unmute**

Generating Subsequent Invoices

- You will receive a locked workbook filled with invoice templates for the entire FFY 2015/2016
 - The workbook includes Supplemental Invoice templates
 - i.e. Local agencies that bill monthly will receive a workbook with 12 invoice templates for FFY 2015/2016 and supplemental invoice templates
- Invoice #1 links to Invoice #2. Invoice #2 links to Invoice #3 and so forth.


WIC PROGRAM INVOICE
Budget Period 10/01/15 - 09/30/16

Contractor's Name: Sample Local Agency
Contractor's Address: 1234 Lennane Drive
 Sacramento, CA 95834

Invoice Date: October 15, 2015
Invoice Number: #01
Contract Number: 15-12345
Vendor Number: 0000001234-01
Billing Period: 10/1 - 10/15/15

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 13,401,623				13,283,681.25
Total Salaries & Wages	\$ 12,657,518	\$ -	\$ 98,615.86	\$ 98,615.86	12,558,902.14
Fringe Benefits	\$ 744,105	\$ -	\$ 19,325.89	\$ 19,325.89	724,779.11
OPERATING EXPENSES	\$ 974,484	\$ -	\$ 200.00	\$ 200.00	974,284.00
Minor Equipment	\$ 12,000	\$ -	\$ -	\$ -	12,000.00
General Office Expenses	\$ 268,535	\$ -	\$ 200.00	\$ 200.00	268,335.00
Training	\$ 21,923	\$ -	\$ -	\$ -	21,923.00
Travel	\$ 34,039	\$ -	\$ -	\$ -	34,039.00
Professional Certifications	\$ -	\$ -	\$ -	\$ -	-
Outreach	\$ 4,100	\$ -	\$ -	\$ -	4,100.00
Media/Promotion	\$ 400	\$ -	\$ -	\$ -	400.00
Program Materials	\$ 22,419	\$ -	\$ -	\$ -	22,419.00
Vehicle Maintenance	\$ 10,000	\$ -	\$ -	\$ -	10,000.00
Audit	\$ 2,200	\$ -	\$ -	\$ -	2,200.00
Facility Costs	\$ 598,868	\$ -	\$ -	\$ -	598,868.00
MAJOR EQUIPMENT	\$ 51,350	\$ -	\$ 1,514.00	\$ 1,514.00	49,836.00
Telephone System	\$ -	\$ -	\$ -	\$ -	-
Information Technology Equipment	\$ -	\$ -	\$ -	\$ -	-
Vehicle(s)	\$ 31,350	\$ -	\$ 514.00	\$ 514.00	30,836.00
Photocopy Equipment	\$ 20,000	\$ -	\$ 1,000.00	\$ 1,000.00	19,000.00
SUBCONTRACTS	\$ -	\$ -	\$ -	\$ -	-
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 469,423	\$ -	\$ 15,791.16	\$ 15,791.16	453,631.84
TOTALS	\$ 14,896,880	\$ -	\$ 135,446.91	\$ 135,446.91	14,761,433.09
Amount to be Paid			\$ 135,446.91		

Auto populates to
Invoice #2



By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Sign in BLUE INK only.

Preparer's Signature

Preparer's Telephone

Agency Director's Signature

Date

Print Preparer's Name

Preparer's Email

Print Agency Director's Name

WIC PROGRAM INVOICE
Budget Period 10/01/15 - 09/30/16

Contractor's Name: Sample Local Agency
Contractor's Address: 1234 Lennane Drive
 Sacramento, CA 95834

Invoice Date:**Invoice Number:** #02**Contract Number:** 15-12345**Vendor Number:** 0000001234-01**Billing Period:**

Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Total Amount Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL	\$ 13,401,623				\$ 13,283,681
Total Salaries & Wages	\$ 12,657,518	\$ 98,615.86	-	\$ 98,615.86	\$ 12,558,902.14
Fringe Benefits	\$ 744,105	\$ 19,325.89	-	\$ 19,325.89	\$ 724,779.11
OPERATING EXPENSES	\$ 974,484	\$ 200.00	-	\$ 200.00	\$ 974,284.00
Minor Equipment	\$ 12,000	\$ -	-	\$ -	\$ 12,000.00
General Office Expenses	\$ 268,535	\$ 200.00	-	\$ 200.00	\$ 268,335.00
Training	\$ 21,923	\$ -	-	\$ -	\$ 21,923.00
Travel	\$ 34,039	\$ -	-	\$ -	\$ 34,039.00
Professional Certifications	\$ -	\$ -	-	\$ -	\$ -
Outreach	\$ 4,100	\$ -	-	\$ -	\$ 4,100.00
Media/Promotion	\$ 400	\$ -	-	\$ -	\$ 400.00
Program Materials	\$ 22,419	\$ -	-	\$ -	\$ 22,419.00
Vehicle Maintenance	\$ 10,000	\$ -	-	\$ -	\$ 10,000.00
Audit	\$ 2,200	\$ -	-	\$ -	\$ 2,200.00
Facility Costs	\$ 598,868	\$ -	-	\$ -	\$ 598,868.00
MAJOR EQUIPMENT	\$ 51,350	\$ 1,514.00	-	\$ 1,514.00	\$ 49,836.00
Telephone System	\$ -	\$ -	-	\$ -	\$ -
Information Technology Equipment	\$ -	\$ -	-	\$ -	\$ -
Vehicle(s)	\$ 31,350	\$ 514.00	-	\$ 514.00	\$ 30,836.00
Photocopy Equipment	\$ 20,000	\$ 1,000.00	-	\$ 1,000.00	\$ 19,000.00
SUBCONTRACTS	\$ -	\$ -	-	\$ -	\$ -
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)	\$ 469,423	\$ 15,791.16	-	\$ 15,791.16	\$ 453,631.84
TOTALS	\$ 14,896,880	\$ 135,446.91	\$ -	\$ 135,446.91	\$ 14,761,433.09
		Amount to be Paid	\$ -		

Auto populated from
Invoice #1

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Sign in BLUE INK only.

Preparer's Signature

Preparer's Telephone

Agency Director's Signature

Date

Print Preparer's Name

Preparer's Email

Print Agency Director's Name

Generating Subsequent Invoices

...Continued

WIC SERVICES: NSA (includes LVL - Unrestricted)					Invoice Number: #01
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL					
Total Salaries & Wages		\$ -	\$ 97,615.86	\$ 97,615.86	
Fringe Benefits		\$ -	\$ 16,812.89	\$ 16,812.89	
OPERATING EXPENSES					
Minor Equipment		\$ -	\$ -	\$ -	
General Office Expenses		\$ -	\$ -	\$ -	
Training		\$ -	\$ -	\$ -	
Travel		\$ -	\$ -	\$ -	
Professional Certifications		\$ -	\$ -	\$ -	
Outreach		\$ -	\$ -	\$ -	
Media/Promotion		\$ -	\$ -	\$ -	
Program Materials		\$ -	\$ -	\$ -	
Vehicle Maintenance		\$ -	\$ -	\$ -	
Audit		\$ -	\$ -	\$ -	
Facility Costs		\$ -	\$ -	\$ -	
MAJOR EQUIPMENT					
Telephone System		\$ -	\$ -	\$ -	
Information Technology Equipment		\$ -	\$ -	\$ -	
Vehicle(s)		\$ -	\$ 514.00	\$ 514.00	
Photocopy Equipment		\$ -	\$ 1,000.00	\$ 1,000.00	
SUBCONTRACTS		\$ -	\$ -	\$ -	
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)		\$ -	\$ 15,791.16	\$ 15,791.16	
TOTALS	\$ 4,454,631.00	\$ -	\$ 131,733.91	\$ 131,733.91	\$ 4,322,897.09

Auto populates to Invoice #2



Generating Subsequent Invoices

...Continued

Invoice Number: #02

WIC SERVICES:		NSA (includes LVL - Unrestricted)			
Budget Line Items	Budgeted Amount	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Remaining Budgeted Amount
PERSONNEL					
Total Salaries & Wages		\$ 97,615.86	-	\$ 97,615.86	
Fringe Benefits		\$ 16,812.89	-	\$ 16,812.89	
OPERATING EXPENSES					
Minor Equipment		\$ -	-	\$ -	
General Office Expenses		\$ -	-	\$ -	
Training		\$ -	-	\$ -	
Travel		\$ -	-	\$ -	
Professional Certifications		\$ -	-	\$ -	
Outreach		\$ -	-	\$ -	
Media/Promotion		\$ -	-	\$ -	
Program Materials		\$ -	-	\$ -	
Vehicle Maintenance		\$ -	-	\$ -	
Audit		\$ -	-	\$ -	
Facility Costs		\$ -	-	\$ -	
MAJOR EQUIPMENT					
Telephone System		\$ -	-	\$ -	
Information Technology Equipment		\$ -	-	\$ -	
Vehicle(s)		\$ 514.00	-	\$ 514.00	
Photocopy Equipment		\$ 1,000.00	-	\$ 1,000.00	
SUBCONTRACTS		\$ -	-	\$ -	
INDIRECT COSTS (Maximum 13.8% of Total Personnel Costs)		\$ 15,791.16	-	\$ 15,791.16	
TOTALS	\$ 4,454,631.00	\$ 131,733.91	\$ -	\$ 131,733.91	\$ 4,322,897.09

Auto populated from
Invoice #1



Generating Subsequent Invoices

Review

- The "Year to Date Invoiced" column on the invoice, is automatically populated into "Year to Date Previously Invoiced" column on all subsequent invoices.
- As a result, the next invoice is immediately ready for entering numbers in the "Amounts Requested" column*.

* Local agencies **shall not** begin working on any subsequent invoices until notification has been received to do so.

Payment Process

Once the CDPH/WIC Division receives an invoice there are:

- +15 days for the CDPH/WIC Division to review and approve an invoice
 - +15 days for CDPH accounting to process and send a remittance advice (RA) to the State Controller's Office (SCO) for payment
 - +15 days for SCO to process RAs and pay an invoice
- = 45 CALENDAR DAYS UNTIL PAYMENT



Contacts

1. Contract Manager
2. Contract Manager's Supervisor

Summary

- Reviewed Old Invoice – FFY 14/15
- Reviewed New Invoice – FFY 15/16
- How to Avoid a Dispute
- What, Where & When to Submit
- Designees
- Invoice Approval Timeline
- Generating Subsequent Invoices
- Payment Process
- Contacts

Questions?



***6 to Unmute**